

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

805-1

# MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

805-1

## 1. PLACE OF DEATH

39 County Greene  
Township Washington  
City..... (No.....)

Registration District No. 321Primary Registration District No. 5446

File No.....

Registered No.....

St. .... Ward)

2. FULL NAME Louisa Jane Johnson

(a) Residence, No. .... St. .... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Johnson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5, 1855  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
77 2 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co. Mo.

FATHER 13. NAME Robert Willard  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee 2

MOTHER 15. MAIDEN NAME Smith 31  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Jewell Johnson  
(ADDRESS) Hopeville Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Palmetto DATE Jan 13 1932

19. UNDERTAKER Kelley & Ferrell  
(ADDRESS) Hopeville Mo.20. FILED Jan 14 1932 W. L. Turner  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 193222. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1932, to Jan 12, 1932I last saw him alive on Jan 12, 19..... Death is saidto have occurred on the date stated above, at 9:50 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

850A  
112 Cerebral Stenosis Jan 12

Other contributory causes of importance: Senility

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) W. L. Turner, M. D.

(Address).....

